



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Ste. A-1 • Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@govmail.state.nv.us

COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Nevada State Board of Dental Examiners. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with an asterisk (*) must be provided, whether or not the form is used.

***1. Your Name and Address:**

Name: _____

Address: _____

Telephone No.: Home: () _____ Cell: () _____

***2. Full Name of treating Dentist or Dental Hygienist:**

Name: _____

Address: _____

Telephone No.: () _____

3. If applicable, name of subsequent treating dentist/dental hygienist or name of second opinion practitioner:



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4. To your best recollection, on what date(s) was the treatment in questioned performed?

- *5. Provide a detailed summary of the issues/allegations. Please feel free to add additional sheets to explain the present situation to us

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6. Do you have any documents relevant to your allegation(s), please attach copies of the supporting documentation?

Please mail or fax the completed Complaint Form to:

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Fax No: (702) 486-7046

- *7. Print Name and Date: Please print name and date the complaint form below.

Print Name

Date